

**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	10/580,073
Filing Date	May 19, 2006
First Named Inventor	Bogumil Milkowski et al.
Title	PREFORM OF A PLASTIC CONTAINER ...
Art Unit	3781
Examiner Name	ROBERT J. HICKS
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26304

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

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OR

☒ Firm or Individual Name Bogumil Milkowski

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City Gdansk

State

Zip PL-80-119

Country Poland

Telephone

Email

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Bogumil Milkowski</i>	Date	08/10/09
Name	Bogumil Milkowski	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Examiner Name	ROBERT J. HICKS
Attorney Docket Number	341261/00004

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Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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☒ Firm or Individual Name Dariusz Lewandowski

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Zip

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Country

Poland

Telephone

Email

I am the:

☒ Applicant/inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/56)

SIGNATURE OF Applicant or Assignee of Record

Signature *Dariusz Lewandowski*

Date

08/10/09

Name Dariusz Lewandowski

Telephone

Title and Company

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Andrzej Toborowicz

Date

03/10/09

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